

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS298AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/01/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRESTIGE ASSISTED LIVING AT MIRA LOMA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2520 WIGWAM PARKWAY HENDERSON, NV 89014</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 7/1/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 94 Residential Facility for Group beds for elderly and disabled persons, Category II residents and 30 which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 85. Twenty resident files were reviewed and 15 employee files were reviewed. One discharged resident file was reviewed. The facility received the grade of C.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 172 SS=C	<p>449.209(2) Health and Sanitation-Outside garbage</p> <p>NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility.</p> <p>This Regulation is not met as evidenced by:</p>	Y 172		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 172	Continued From page 1  Based on observation on 7/1/10, the facility failed to ensure the containers used to store garbage outside the facility were covered (Three dumpsters were observed to be overflowing).  This is a repeat deficiency from the 6/23/09 State Licensure survey.  Severity: 1 Scope: 3	Y 172			
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service  NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.  This Regulation is not met as evidenced by: Based on observation, interview and record review on 7/1/10, the facility failed to ensure the kitchen met the requirements of chapter 446 of NAC.  Findings include:  Critical Violations:	Y 255			

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Y 255	<p>Continued From page 2</p> <p>a. The following were stored at an improper temperature (greater than 40 degrees) in the kitchen; E-Z eggs (70 degrees), raw shell eggs (67 degrees), cut melon (50 degrees).</p> <p>b. Raw shell eggs were stored above produce in the walk-in. Turkey breast was uncovered in the walk-in.</p> <p>c. Chef observed handling food and putting on clean gloves without washing hands. Person washing dishes stated he rinsed his hands in the sanitizer bucket when soiled and uses the handwashing sink approximately twice per day.</p> <p>2. Cleaning and Sanitation Issues:</p> <p>a. Opened milk, macaroni salad and prepared turkey not dated.</p> <p>b. Chef not wearing hair restraint.</p> <p>c. Household-grade refrigerator/freezer in the memory care, also a household microwave.</p> <p>d. A worn cutting board on the cook's line needs replacing. Damaged laminate center island steam table unit in the kitchen requires repair/resurfacing.</p> <p>e. Soiled/stained wiping clothes were observed throughout the kitchen.</p> <p>3. Equipment and Maintenance Issues:</p> <p>a. Wall behind the dishmachine prep spray area has black substance along the wall.</p> <p>b. Wet mop was left in bucket.</p>	Y 255			

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Y 255	Continued From page 3  Severity: 2 Scope: 3	Y 255		
Y 273 SS=F	449.2175(4) Service of Food - Special Diets  NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days.  This Regulation is not met as evidenced by: Based on observation and interview on 7/1/10, the facility failed to provide a diabetic diet to 13 of 85 residents ordered a special diet (Resident #1, #2, #3, #5, #7, #9, #10, #11, #12, #14, #16, #17 and #20).  Severity: 2 Scope: 3	Y 273		
Y 274 SS=C	449.2175(5) Service of Food - Substitutions  NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal.	Y 274		

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Y 274	Continued From page 4  This Regulation is not met as evidenced by: Based on observation and interview on 7/1/10, the facility failed to ensure menu substitutions were documented and retained for at least 90 days.  Severity: 1      Scope: 3	Y 274			
Y 280 SS=C	449.2175(10)(a)-(d) Dietary Consultant & Services  NAC 449.2175 10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include: (a) The development and review of weekly menus. (b) Training for the employees who work in the kitchen. (c) Advice regarding compliance with the nutritional program of the facility. (d) Any observations of the person providing the services regarding the preparation and service of meals in the facility to ensure that the facility is in compliance with the nutritional program of the facility.	Y 280			

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Y 280	Continued From page 5  This Regulation is not met as evidenced by: Based on record review on 7/1/10, the facility dietitian failed to provide a quarterly consultation report for 4 of 4 quarters (third and fourth quarter of 2009 and first and second quarter on 2010).  Severity: 1 Scope: 3	Y 280		
Y 356 SS=F	449.222(6) Bathrooms and Toilet Facilities  NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.  This Regulation is not met as evidenced by: Based on observation on 7/1/10, the facility did not ensure the locks on 4 of 9 common bathroom doors could be opened with a single motion (All common bathrooms on the second floor).  Severity: 2 Scope: 2	Y 356		
Y 393 SS=F	449.226(4)(a)-(c) Safety Requirements  NAC 449.226 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use	Y 393		

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Y 393	Continued From page 6  in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility.  This Regulation is not met as evidenced by: Based on observation and interview on 7/1/10, the facility failed to ensure 119 of 119 resident bathrooms were equipped with a functioning auditory alert system; and 17 of 119 resident bedrooms were equipped with a functioning auditory alert system (All bedrooms in the memory care unit).  This was a repeat deficiency from the 6/23/09 State Licensure survey.  Severity: 2 Scope: 3	Y 393		
Y 936 SS=D	449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to	Y 936		

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Y 936	<p>Continued From page 7</p> <p>the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 7/1/10, the facility failed to ensure 1 of 21 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #20).</p> <p>Severity: 2 Scope: 1</p>	Y 936			

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